## Louisiana Department of Transportation and Development P.O. Box 94042

Baton Rouge, Louisiana 70804-9042 Attention: Truck Permits Section Fax Number: 225-377-7108

## Application for: Special Harvest Season Permit \$10.00

Issued to (Company Name):			Issued to (C	Issued to (Company Name):			
Customer I.D. Number:	Customer I	Customer I.D. Number:					
Address and phone number:			Address and	Address and phone number:			
Specify address to be mailed to			I				
PLEASE ENCLOSE A CH	IECK, MON	EY ORDER OR	CREDIT CARD	INFO	(below) FOR \$10.00 FOR	EACH PERMIT	
Vehicle Information (This Permit may be				e tied to either pulling unit only)			
Make & Model VIN (la		st 10 digits)	10 digits) License Number		License State	Effective Date	
This is a requ	est for a P	Permit with the	following axl	e & ar	oss vehicle load limita	tions	
1			Interstate Highways		Non-Interstate Highways		
Single axle		20,000 pounds			22,000 pounds		
Tandem axle		35,200 pounds			37,000 pounds		
Gross weight (not to exceed)		83,400 pounds			86,600 pounds		
C 14 T/'			d Info (if applica	ıble):		. 15	
Card type: □ Vis	a		MasterCard	Evnir	ation Date:	ican Express	
				•			
Name on Credit Card:				Phone # of Cardholder:			
*******	*****	*****THIS IS	NOT A PERI	MIT**	*******	*****	
Signature of applicant					Date		